

Montana Breast and Cervical Health Program Administrative Site Report

GENERAL INSTRUCTIONS:

- Written reports are due October 10, January 10, April 10 and July 10 of each year.
- Send reports by mail OR by e-mail, not both.
- A review of the contractor's ability to meet screening projections will be conducted at the end of the second quarter (December 31) and the third quarter (April 10).

Please send reports to:

**Montana Breast and Cervical Health Program
P. O. Box 202951
Helena, MT 59620-2951
Fax: 406-444-7465 or 1-877-764-7575**

The forms and documents for MBCHP for administrative site reports includes the following:

Contractor information document	Page A-2
Match report (yearly and quarterly)	Page A-3
Instruction for Quarterly Report due October 10	Page A-4
Instruction for Quarterly Report due January 10	Page A-5
Instruction for Quarterly Report due April 10	Page A-6
Instruction for Final Progress Report due July 10	Page A-7
Template for Work plan	Page A-8-12

Montana Breast and Cervical Health Program Administrative Site Report

NON-FEDERAL MATCHING FUNDS QUARTERLY REPORT:

How much has been contributed to the program from your match sources, both in-kind and actual (cash) dollars, during this quarter? Match funds must **not** include contributions from any other federally assisted program or be paid by the federal government under another award. Complete the table below to indicate the source, description and dollar amount of match funds received this quarter (cash or in-kind). If an annual contribution is received, such as Avon grant, show annual amount in last column. Do not report annual amounts on more than one quarterly report. If no matching funds were received, indicate “none” across the page.

Definitions:

- Match – Non-federal contributions in an amount equal to and not less than \$1 for each \$3 of Federal funds provided in the state grant.
- Cash Match – cash donations that are provided by the contractor or outside sponsor organization.
- In-Kind Match – goods and services (not cash) that are donated by individuals or organizations other than the contractor. The dollar amount should be calculated at their verifiable fair-market value.

Source:	Description:	Cash \$:	In-Kind \$:	Annual \$:
TOTALS				

Montana Breast and Cervical Health Program Administrative Site Report

Matching fund sources can include:

Clinical Services	Local Health Departments
Local Government	Non-profit Organizations/ Foundations
Community Based Organizations	Private Health Providers
For-Profit Organizations	Private Citizens, Unaffiliated
Health Care Facilities	Professional Organizations
Hospitals	Coalitions

Examples of match funds:

Estimate as best possible fair market value or average cost for each. Some values noted below.

Donated staff, supervisory or volunteer time. Median hourly rates from US Dept. of Labor, May 2004 State Occupational Employment and Wage Estimates. (http://stats.bls.gov/oes/current/oes_mt.htm)			
Administrative Service Managers	\$23.17	Legal Support Workers	\$19.90
Advertising/Promotions Managers	\$19.72	Media/Communication Workers	\$11.74
Bookkeeping/Accounting Clerks	\$11.23	Medical/Health Service Managers	\$28.98
Bus Drivers	\$11.21	Medical/Pub. Health Social Workers	\$17.21
Community/Social Service Spec.	\$18.09	Meeting/Convention Planners	\$12.36
Computer Programmers	\$22.67	Mental Health Counselors	\$14.41
Computer Support Specialists	\$14.78	Physician Assistants	\$30.50
Family/General Practitioners	\$54.61	Public Relations Specialists	\$18.34
Gynecologists	\$88.91	Registered Nurses	\$22.01
Hairdressers	\$9.06	Retiree	\$12.00
Health Educators	\$14.43	Social/Community Service Managers	\$19.89
Home Health Aides	\$8.10	Volunteer	\$12.00
			\$50 per hour/\$125 per meeting
Donated meeting space (office space).			meeting
Donated copies of documents, flyers, etc.			10¢ per page
Office or media equipment (computers, projectors, etc.)			\$25 per hour
Contributions from private for-profit entities – Safeway \$\$. Donations from national or professional organizations – YWCA, Soroptimists, etc. AVON or Komen grants secured to augment breast and cervical cancer screening.			
Donated media – TV, radio, print.		Donated incentive items.	
Donated educational or promotional supplies.		Medical or treatment services.	
Snacks and/or beverages for coalition meetings.		Fundraising efforts for case management services.	

Montana Breast and Cervical Health Program Administrative Site Report

Report # 1 due October 10:

Documents that must be completed and included:

1. Contractor information
2. Match report
3. Coalition meeting minutes for last quarter, with updated list of coalition members, if changed
4. A work plan for the funding year
5. Sub-Contractor workplan if site has sub-contractor(s)

Major Goals, objectives, and activities for the following subject areas that must be included in the work plan are:

Screening

- Four specific strategies/activities that will be conducted to serve/outreach/meet screening goals of one or more of the following target populations; Women 50-64 years old, Never/Rarely screened women; AI women.
- Evaluation methods for outreach strategies listed above.
- One strategy to ensure data collection forms are completed and submitted to the state office in a timely manner.

Rescreening

- Indicate strategy to rescreen women.
- Indicate strategy to follow CDC cervical screening policy.
- Indicate referral strategy for women who are no longer MBCHP eligible.

Tracking/Follow Up/Case Management

- Describe the process that ensures all MBCHP clients with abnormal screening results receive notification of results, timely follow-up and referral to Montana Breast & Cervical Treatment Program (MBCCTP) if necessary.

Public & Professional Education

- Develop/Maintain a coalition and provide minutes from four coalition meetings (held quarterly).
- Use coalition to develop public education strategies and to assist with evaluation methods.
- Develop/Conduct ongoing evaluation to determine the most effective public education and outreach methods for multi-county site (example-short surveys at outreach events).
- Recruit and enroll any new medical service providers for your multi-county area annually.
- Attend MBCHP statewide meetings and conference calls as required.

Collaborations & Partnerships

- Maintain and/or develop relationships and new coalition members annually with local partners, agencies and organizations to increase community awareness and access to MBCHP program.

Sub-Contractor workplan – inclusive/attached

Montana Breast and Cervical Health Program Administrative Site Report

Report #2 due January 10

Documents that must be completed and included:

1. Contractor information
2. Match report
3. Coalition meeting minutes for last quarter, with updated list of coalition members, if changed
4. Work plan evaluation, accomplishments and changes

Use your original work plan to report progress on goals and objectives listed in original work plan, use Site Reporting column.

I.

- Report the progress that you have achieved for each goal that is listed on your work plan.
- Describe or list the data that you have used to measure the status of your progress.
- Document any coalition activities, community events, public education and professional activities, 1:1 outreach activities that were completed to meet the goals and objectives.

Montana Breast and Cervical Health Program Administrative Site Report

Report #3 due April 10

Documents that must be completed and included:

1. Contractor information
2. Match report
3. Coalition meeting minutes for last quarter, with updated list of coalition members, if changed
4. Work plan evaluation, accomplishments and changes

Use your original work plan to report progress on goals and objectives listed in original work plan, use Site Reporting column.

I.

- Report the progress that you have achieved for each goal.
- Describe or list the data that you have used to measure the progress.
- Document any coalition activities, community events, public education and professional activities, 1:1 outreach activities that were completed to meet the goals and objectives.

Montana Breast and Cervical Health Program Administrative Site Report

Report #4 due July 10

Documents that must be completed and included:

5. Contractor information
6. Match report
7. Coalition meeting minutes for last quarter, with updated list of coalition members, if changed
8. Work plan evaluation, accomplishments and changes

Use your original work plan to report progress on goals and objectives listed in original work plan, use Site Reporting column.

I.

- Report the final progress that you have achieved for each goal.
- Describe or list the data that you have used to measure the progress.
- Document any coalition activities, community events, public education and professional activities, 1:1 outreach activities that were completed to meet the goals and objectives.

Montana Breast and Cervical Health Program Administrative Site Report

MBCHP Workplan Template

Screening Goal:		Measures of Success:		Site Reporting Column: choose one
				Q1 Q2 Q3 Q4
Objectives:	Activities:	Time frame:	Team Members Responsible:	Q1 – Q2 – Q3 – Q4 –

Montana Breast and Cervical Health Program Administrative Site Report

MBCHP Workplan Template

Rescreening Goal:		Measures of Success:		Site Reporting Column: choose one
				Q1 Q2 Q3 Q4
Objectives:	Activities:	Time frame:	Team Members Responsible:	Q1 – Q2 – Q3 – Q4 –

Montana Breast and Cervical Health Program Administrative Site Report

Tracking/Follow Up/ Case Management Goal:		Measures of Success:		Site Reporting Column: choose one			
				Q1	Q2	Q3	Q4
Objectives:	Activities:	Time frame:	Team Members Responsible:	Q1 – Q2 – Q3 – Q4 –			

Montana Breast and Cervical Health Program Administrative Site Report

Public & Professional Education Goal:		Measures of Success:		Site Reporting Column: choose one			
				Q1	Q2	Q3	Q4
Objectives:	Activities:	Time frame:	Team Members Responsible:	Q1 – Q2 – Q3 – Q4 –			

Montana Breast and Cervical Health Program Administrative Site Report

Collaborations & Partnerships Goal:		Measures of Success:		Site Reporting Column: choose one			
				Q1	Q2	Q3	Q4
Objectives:	Activities:	Time frame:	Team Members Responsible:	Q1 – Q2 – Q3 – Q4 –			